DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 12-074

MCZX

19 SEP 2012

Expires 19 September 2014

MEMORANDUM FOR

COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS
DIRECTORS, OTSG/MEDCOM ONESTAFF

SUBJECT: Release of Actionable Medical Information (AMI)

1. References: Required Regulations and Policies listing (Enclosure 1).

2. Purpose: To establish a comprehensive review policy that controls the release of Actionable Medical Information (AMI), in particular, information derived from a combat Theater.

3. Proponent: The proponent for this policy is MEDCOM G-3/5/7, Health Care Delivery, Clinical Support Division.

4. Background: Our country's enemies are actively searching for information that may enable them to exploit any weakness. They search any open medical source for photos, detailed descriptions, data collections, or professional analysis that may provide them with an advantage over our forces. Our desire to openly share and discuss operations in a public forum is being used against us. We are potentially magnifying the enemy's capabilities by releasing AMI through open sources.

5. Policy:

a. All Service Members, Department of the Army Civilians (DAC), Department of Defense (DoD) contractors, and Family Members must take an aggressive attitude toward protecting AMI, which is information our adversaries can use to produce medical intelligence. If the enemy turns AMI into medical intelligence, it can be used to plan and conduct operations on strategic/tactical levels, assessing the effectiveness of their operations and the fighting strength of our forces. We must ensure that the information we release cannot be turned into intelligence for the enemy, while sharing medical information that leads to mission accomplishment with strategic and tactical partners.

b. This policy is not intended to halt or limit the high-quality analysis, research, and professional discourse taking place everyday within the AMEDD. The AMEDD team must continue its dedicated mission to improve the care of our Soldiers before, during, and after the fight.

c. All members of the military community must exercise caution when conducting casual or unofficial conversations about military topics with other non-military professionals at conferences, symposiums, through electronic mail or even Internet chatrooms/message boards. Everyone

* This policy supersedes OTSG/MEDCOM Policy Memo 10-032, 30 Apr 10, subject: Release of Actionable Medical Information.

must be mindful of the information they are releasing and its potential impact on our Soldiers and the DoD mission. Medical personnel should practice good OPSEC procedures at all times.

d. Professional material or work includes, but is not limited to, manuscripts, abstracts, articles, speeches, presentations, charts/graphs, data sources, interviews, photographs, video or audio recordings, as well as other forms of electronic media. Open source venues include, but are not limited to, professional journals, conferences, symposiums, magazines, newspapers, website postings, web log (Blog) postings, Internet Based Capabilities, television, and radio. Any professional material or work presented in these forums is subject to the provisions of this policy.

e. Content includes professional medical activities, analyses, and/or research reported using any medical information derived from a combat Theater. This includes medical information on Service Members, Civilians, and enemy combatants (in any status: enemy prisoner of war, detained personnel, etc.) injured in a combat Theater.

f. Professional work unrelated to combat operations, battle injuries or disease non-battle injuries that possesses no intelligence value may be exempt from this policy with the approval of the local Commander. An example of this is non-battle injuries such as sports accidents.

g. This policy covers only professional work intended for release in a public forum. If the author(s) intends to keep the work within the DoD system in a classified, For Official Use Only (FOUO), or other status that prevents its public release, then this policy does not apply. Publications, websites, or conferences that are Army or DoD sponsored and available to the public are considered open source and subject to the provisions of this policy.

h. This policy also applies to professional material or work released prior to the publication of this policy, but no earlier than 11 Sep 01. If material has already been presented in a public venue and the author wishes to re-release it, the material must again be approved In Accordance With (IAW) this policy before it can be re-released in the same or different public venue.

i. Professional materials will go through a three-step review process to ensure they meet OPSEC, public affairs, and medical criteria before release to the public (Enclosure 2):

(1) The OPSEC review will evaluate actionable medical intelligence potential.

(2) The public affairs review will evaluate the potential impact to the public of releasing professional work and guide the author in preparing a response to media or public inquiry about the work.

(3) The medical review will ensure that the analyses and conclusions in the material are scientifically sound, contribute to the general knowledge base, and do not contain protected health information.

j. Research will require approval from an Institutional Review Board (IRB). Authors should check with their servicing IRB for further guidance. The IRB will follow defined professional standards.

k. This policy does not alter Freedom of Information Act (FOIA) procedures. FOIA requests will continue to follow AR 25-55 procedures including those with OPSEC information.

6. Responsibilities:

a. MEDCOM Major Subordinate Commands (MSC) and DoD Executive Agencies (EAs) delegated to the Army Surgeon General will:

(1) Ensure their staffs are fully informed of the regulations and policies governing the release of AMI collected in a combat Theater.

(2) Ensure commands below the MSC level and within the EAs establish local review procedures to execute the procedures outlined in paragraph 7. EAs may use the review procedures of its parent command to meet this requirement.

(3) Establish an OPSEC appeal process at the MSC or appropriate EA level to execute the procedures outlined in paragraph 7.f. (4). EAs may use the appeal process of their parent commands. The OPSEC appeals panel will consist of two individuals: a senior medical/clinical officer and an OPSEC officer. This OPSEC officer must be different from the one performing local OPSEC review duties.

b. G-3/5/7 Healthcare Delivery.

(1) Designate subject matter experts (SMEs) when required for answering questions pertaining to this policy.

(2) Implement internal procedures as required IAW this policy in the review professional materials generated from OTSG and HQ MEDCOM staff.

c. Major Command and Combatant Command Surgeons are encouraged to develop procedures that will accomplish the security requirements outlined in this policy; these commands may use all or portions of the OTSG/MEDCOM system defined in this policy. This policy does not replace any policy established by these Surgeons.

d. Compliance. The Organizational Inspection Program (OIP) personnel will continue to monitor compliance with the requirements of this policy in accordance with the OIP's established procedures.

7. Procedures:

a. Proponents will carefully review the defined procedures outlined in this and other applicable references prior to release of medical information. Materials may not be released to the public in any form prior to the approval IAW this policy.

b. Review steps should not be viewed as an impediment to releasing professional work. Reviewers must provide a thorough and comprehensive response for denied requests to present material complete with rationale for denial. When appropriate, reviewers should collaborate with the authors to work out alternative ways to present information that maintains continuity of the work without compromising AMI. Authors should not be discouraged if material is not cleared for public release. They are strongly encouraged to pursue means to present the material in a closed forum, limiting its release to the Army or DoD. Such material is considered highly valuable and should not be withheld due to delays in clearance for public release.

c. OPSEC and public affairs may conduct reviews simultaneously. However, the medical review will not occur until the material has cleared both OPSEC and public affairs reviews.

d. Each review step requires submission of the full and complete work. This includes full text of manuscripts, speeches, abstracts, photos, graphs, slides, presentations (speaker notes are preferred to facilitate understanding of the content of each slide), signed patient consent forms (when possible), or any other material that will be included in the final product. Authors must plan and submit materials with enough lead time to allow reviews IAW this policy.

(1) Approved abstract submissions to meetings that result in posters, paper or oral presentations will require a separate review of the products.

(2) It is understood that many journals require changes to approve submitted material. The author is not required to obtain further clearance of altered material unless it is considered a substantive change as outlined in paragraph 7.j.

e. Each review step should take no longer than five working days. Action officers must provide timely feedback to the authors within this time. However, lengthy material or material requiring the consultation of additional SMEs may require more time to complete a thorough review. Material that is denied for release and subject to appeal will be processed as expeditiously as possible.

f. OPSEC review procedures. This step will analyze each work and identify actionable information essential for medical intelligence content that should be protected. The OPSEC officers will use AR 530-1 and the below criteria to identify actionable information in the professional work. Author(s) must review his/her work using these criteria prior to submitting the material for the OPSEC review.

(1) Author(s) will submit work to local OPSEC officers established by the Commander. Normally this person(s) is located at the command level below the MSC.

(2) OPSEC officers will analyze the work in the following areas. Any work that references the areas listed below could constitute a denial of the submitted work.

(a) Classified or FOUO information. OPSEC officers who identify potentially classified information should contact their respective security officer for disposition.

(b) Items listed on MEDCOM POSTER 45 (MCOP-O) June 2011, Critical Information List (CIL) (Enclosure 3).

(c) Weapons system or equipment vulnerabilities. This category also includes the link between vulnerabilities and resulting wound patterns. Materials must not include:

i. Specific links between defined wounding methods/device and the resulting wound patterns.

ii. Specific links between injuries sustained while wearing defined Personal Protective Equipment (PPE) and the resulting wound patterns;

iii. Specific links between injuries sustained while in defined vehicles and the resulting wound patterns.

iv. Discussion of specific ballistic agents and the resulting failure of PPE or vehicles.

(d) Linking casualties or injuries that occurred from specific attacks, located in a specific area or on a specific date.

(e) Units and locations.

(f) Casualty rates in relation to deployed troop strengths or compared over time. Other figures such as Killed In Action, Died of Wounds, or Case Fatality Rate are

permissible as long as they do not show a relationship with deployed troop strength or trends over time. This supplements CIL paragraph 2.a.3, casualty figures.

(g) Troop rotation, movement patterns or schedules.

(h) Photographs or videos of wounded or deceased Soldiers are allowed subject to the limitations of AR 360-1, AR 190-8, AR 40-66, AR 40-38, AR 70-25, and DoD 6025.18-R as applicable. Additionally, photographs or videos must not reveal vulnerabilities of protective equipment for individuals, vehicles, or other hardened structures to include physical security measures such as security checkpoints, surveillance camera/closed circuit television systems or security/access badges.

(i) Protected health information, as defined by the Health Insurance Portability and Accountability Act (DoD 6025.18-R, and AR 40-66), Privacy Act Information (AR 340-21), exemptions under FOIA (AR 25-55), and foreign disclosure restrictions (AR 380-10). OPSEC officers may coordinate with additional SMEs reference these criteria.

(3) The local OPSEC officer will transmit the approval or denial back to the author(s). The local OPSEC officer will develop and maintain a database recording the date the work was received and the date approved/denial was transmitted to the author(s). If work is denied, the officer will state the specific reasons for denial. The officer will describe the particular sentence, photo, graph, etc., that resulted in the denial. The author(s) may make necessary changes and resubmit the work for reconsideration.

(4) Appeals. The author(s), with local command approval, has the right to appeal the denial to their MSC OPSEC Appeals Panel. The author(s) may submit the appeal to this panel with an explanation of their appeal. The panel will review the material IAW this and other applicable policies. It will transmit the approval or denial back to the author(s).

(5) The decision of the OPSEC Appeals Panel is final. If the work is denied, the author(s) must change the material to the OPSEC Appeals Panel's satisfaction before it can be released to the public.

(6) Once the OPSEC officer approves the work, the author(s) may proceed to the medical review step, as long as the public affairs review is also complete.

g. Public Affairs review procedures. Authors will submit material for the public affairs review IAW directives in AR 360-1.

(1) They will use local Public Affairs Offices (PAO) to accomplish this process. Local PAOs will determine whether to submit the material to MEDCOM for review and possible further submission to DA/DoD.

(2) Materials that require DA/DoD review include, but are not limited to, topics outlined in AR 360-1.

(3) This review also includes considerations of propriety (especially applicable to photographs or video).

(4) Submit all materials to the PAO in a timely fashion. Each AMEDD PAO will take no longer than five working days to accomplish their review. However, authors should anticipate a 30-day turnaround time for materials requiring DA/DoD level review.

(5) Once the PAO has approved the work, the material may proceed to the medical review, as long as the OPSEC review is also complete.

h. Medical review procedures.

(1) The author(s) will submit the completed work to their Commander for the medical review. Commanders may delegate this authority to a senior medical, clinical, or engineer/environmental science officer with the appropriate skills and competencies to review this material.

(2) The medical review will ensure that a professional coherent product is released to the public. The medical review will ensure the material:

(a) Is presented in a professional manner.

(b) Contributes to the general knowledge base.

(c) Draws logical conclusions or provides valuable information.

(d) Will not negatively impact the DoD mission.

(e) Does not contain any protected health information.

(3) The Commander may add to the medical review criteria as appropriate.

i. Once all three review steps are complete, the author(s) may release the material in its intended public forum. Local Commanders must maintain a tracking log of approved/denied material showing author(s) name, approval or denial, when the material was approved/denied, type

of material (article, presentation, etc.), brief description of material content, intended venue (conference, journal, etc), and any other information the Commander deems necessary. A checklist is included to assist organizations with collecting these required elements (Enclosure 4). Organizations may alter the checklist as needed.

j. If at any time in the approval process there are changes in the work that add new information or substantially change the conclusion, the author(s) is required to resubmit the material to the commander. The Commander or designee will determine which review steps, if any, must be repeated.

FOR THE COMMANDER:

Herbert A Coley

HERBERT A. COLEY
Chief of Staff

4 Encls
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Required Regulations and Policies

DEPARTMENT OF DEFENSE PUBLICATIONS

DoD 5200.01-VOL 1, 24 February 2012

Information Security Program (cited in Chapter 2 and appendix 3).

DoD 6025.18R , 24 January 2003

DoD Health Information Privacy Regulation (cited in definitions and Chapters 1, 4, and 8

DoDD 5205.02-M, 3 November 2008

DoD Operations Security (OPSEC) Program.

DoDD 6025.18-R, 24 January 2003

DoD Health Information Privacy Regulation

ARMY REGULATIONS

AR 25-1, 4 December 2008

Army Knowledge Management and Information Technology (cited in paragraph 1-7)

AR 25-2, 24 October 2007

Information Assurance.

AR 25-55, 1 November 1997

The Department of the Army Freedom of Information Act Program.

AR 40-38, 1 November 1989

Clinical Investigation Program (cited in appendix C, paragraph C-12.h).

AR 40-66, 17 June 2008

Medical Record Administration and Health Care Documentation (cited in Chapter 2).

AR 70-25, 25 January 1990

Use of Volunteers as Subjects of Research (cited in Appendix E, para E-1 1.h).

Encl 1

AR 190-8, 1 October 1990

Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees (cited in paragraph 1-5.d).

AR 340-21, 5 July 1995

The Army Privacy Program (cited in Chapters 2, 3, and 4).

AR 360-1, 25 May 2011

The Army Public Affairs Program (cited in Chapters 5 and 6).

AR 380-5, 29 September 2000

DA Information Security Program (cited in paragraph 1-18, and Chapter 5, Sections 1, 11, and V).

AR 380-10, 22 June 2005

Foreign Disclosure and Contacts with Foreign Representatives.

AR 530-1, 19 April 2007

Operations Security (cited in Chapters 3 and 4).

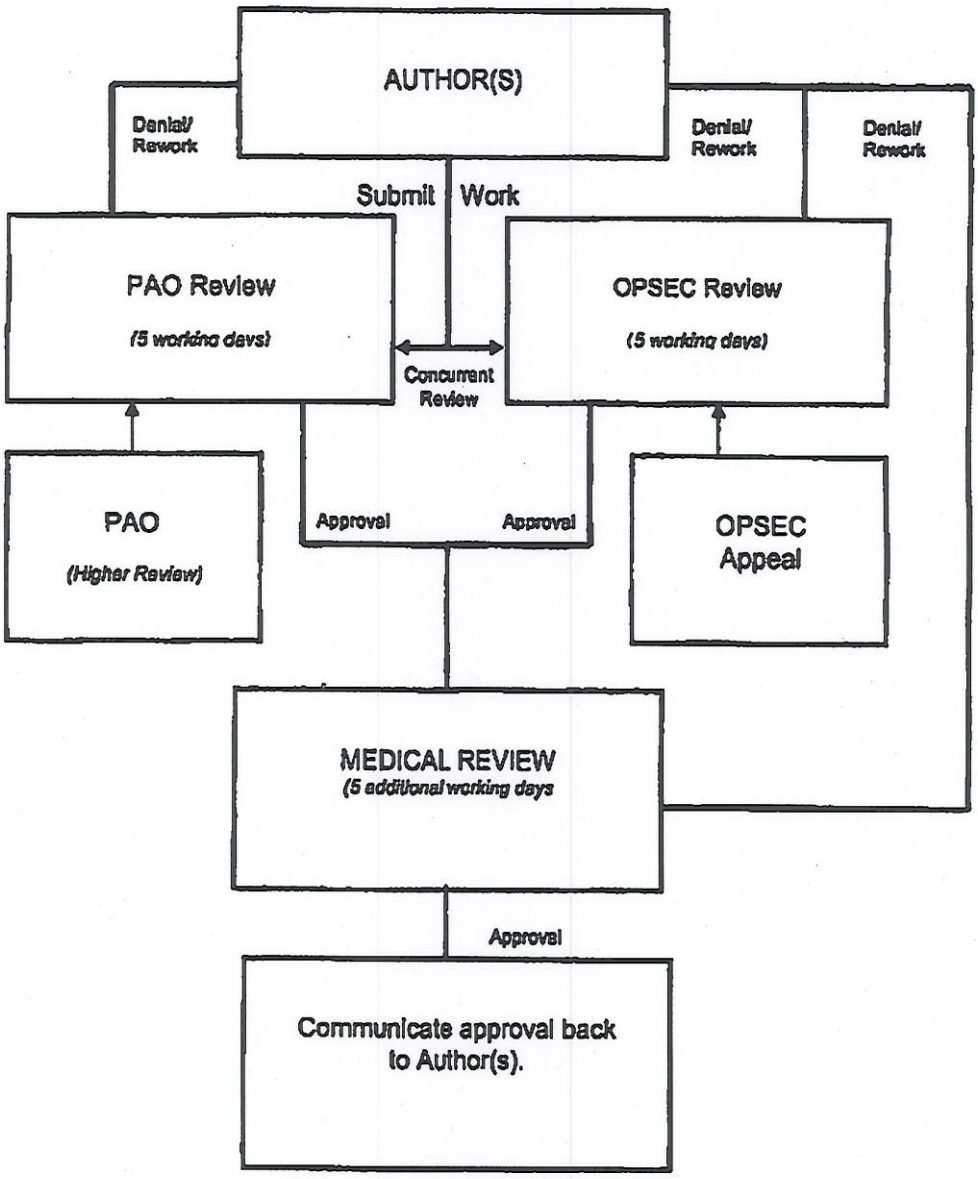
MEDCOM Supplement 3 to AR 40-66 , 4 Aril 2011

Medical Record Administration and Health Care Documentation

OTSG/MEDCOM Policy Memo 11-043, 1 June 2011

Protected Health Information in Executive Summaries. Information Papers and Talking Papers.

AMI REVIEW PROCESS



Enclosure 2

U.S. ARMY MEDICAL COMMAND/OFFICE OF THE SURGEON GENERAL

For reference of all information listed see, AR 530-1; the proponent agency is MCOP-O.

CRITICAL INFORMATION LIST (CIL)

(What you want protected from Foreign Intelligence Collection)

1. The following CIL is a listing of sensitive UNCLASSIFIED information pertaining to military operations that should not be discussed via unsecure communicatons systems, or open (public) conversations. Critical Information can be any information that reveals friendly capabilities, intentions, or activities. This list should be conspicuously posted in each office area, close to telephone(s), faxes, and computers. All personnel should read and become thoroughly familiar with their CIL and control this information (i.e. fax machines, computers, phones, etc).

2. References to items listed below should not be made when using unsecure systems. Vulnerbilities should be brought to the attention of your local Operations Security Officer immediately.

a. PERSONNEL OPERATIONS

1). Duty assignments of deployed personnel.

2). Critical personnel shortages by AOC/MOS/ASI..

3). Casualty figures.

4). Casualty/Next of Kin (NOK) Information .

5). Itineraries involving travel by U.S. general officers or civilian equivalents .

6). Personally Identifiable Information . .

b. OPERATIONS

1). Specific vulnerabilities, weaknesses or findings and recommendations (results) of surveys.

2) Specific sensitive UNCLASSIFIED operational commitments to supported commands, including preparations for deployments, movements, etc.

3). Sensitive UNCLASSIFIED contingency plans.

4) Alert notification plan..

c. LOGISTICS

1). Discussion of critical shortages of sensitive medical items.

2). Increased levels of medical support for readiness activities during mobilization/deployment preparation and execution.

AMI Submission Checklist

1. Material for: (check all that apply)
_____ Technical Paper
_____ Journal Publication
_____ Book Chapter
_____ Book
_____ Poster Presentation
_____ Oral Presentation/Speech
_____ Briefing
_____ Other, please specify: _____

2. Title or topic description: _____

3. Author(s):
   a. Name(s): _____
   b. Email address: _____
   c. Phone number: _____
   d. Location: _____

4. Intended venue: (complete all that apply)
   a. Deadline for submission: _____
   b. Presentation at: _____
   c. Location/Date: _____
   d. Publication in: _____
   e. Other, please specify: _____

5. Review of submitted material:
   a. Date submitted: _____
   b. OPSEC
      (1) Reviewer's name and title: _____
      (2) Approved/Denied (Circle One)
      (3) Comments or reason for denial: _____
   c. Public Affairs review
      (1) Reviewer's name and title: _____
      (2) Approved/Denied (Circle One)
      (3) Comments or reason for denial: _____
   d. Clinical review
      (1) Reviewer's name and title: _____
      (2) Approved/Denied (Circle One)
      (3) Comments or reason for denial: _____
   e. Date approved/denied: _____